

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 0019240.00447US2								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Thomas BRIESE et al.</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Application Number 10/764,075-Conf. #7998</td> <td style="width: 50%; padding: 5px;">Filed January 23, 2004</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For METHODS AND KITS FOR DETECTING SARS-ASSOCIATED CORONA VIRUS</td> </tr> <tr> <td style="padding: 5px;">Art Unit 1648</td> <td style="padding: 5px;">Examiner M. Mosher</td> </tr> </table>			In re Application of Thomas BRIESE et al.		Application Number 10/764,075-Conf. #7998	Filed January 23, 2004	For METHODS AND KITS FOR DETECTING SARS-ASSOCIATED CORONA VIRUS		Art Unit 1648	Examiner M. Mosher
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Art Unit 1648	Examiner M. Mosher									
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.										
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 510.00								
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 255.00								
<input type="checkbox"/> A check in the amount of the fee is enclosed										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.										
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-0219 , I have enclosed a duplicate copy of this sheet.										
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.										
WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.										
I am the										
<input type="checkbox"/> applicant /inventor.	_____ /Jane M. Love, Ph.D./ Signature									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	_____ Jane M. Love, Ph.D. Typed or printed name									
<input checked="" type="checkbox"/> attorney or agent of record.	_____ (212) 937-7233 Telephone number									
Registration number 42,812	_____ May 16, 2008 Date									
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.	_____ May 16, 2008 Date									
Registration number if acting under 37 CFR 1.34. _____	_____ May 16, 2008 Date									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input checked="" type="checkbox"/> Total of 1 forms are submitted.										

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: May 16, 2005	Electronic Signature for Jane M. Love, Ph.D. /Jane M. Love, Ph.D./